HARNETT COUNTY DEPARMENT OF PUBLIC HEALTH Well Abandonment Permit

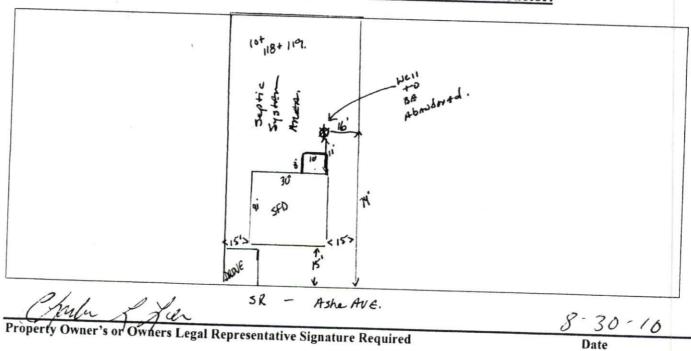
Permit Number: Application Number: Applicant Name: Charles L Lee Address: 3107 Aske Ave DUNN N.C. 28334 Type of Well: Boiled Total Dept: 27' Diameter: 24" Grouted: ? Static Water Level: 19 Directions to Site: 3107 Aske Ave DUNN . N.C.	
Agent of the State Date: 8-70-10	
A handanment Description	

Abandonment Procedure: Abandonment Procedure: 1. Remove all plumbing or piping into the well, along with any obstructions inside the well; 2.Remove as much of the well tile casing a possible, but no les than to a depth of three feet below land surface; 3. remove all soil or other subsurface material present down to the top of the remaining well casing, and extending to a width of at least 12 inches outside of the well casing on all sides; 4. Using 3.6 oz. of hypochlorite solution (such as HTH), disinfect the well in accordance with 15A NCAC 2C .0111 of this Subchapter. Do not use a common commercial household liquid bleach, as this is too weak a solution to ensure proper disinfection; 5. Fill the well up to the top of the remaining casing with cement grout, concrete grout, bentonite grout, dry clay, or material excavated during drilling of the well and then compacted in place; 6. Pour a one foot thick concrete grout or cement grout plug that fills the entire excavated area about the top of the casing, including the area extending on all sided of the casing out to a width of at least 12 inches on all sides; 7. Complete the abandonment process by filling the remainder of the well above the concrete or cement plug with additional concrete grout, cement grout, or soil.

Note: Contact Harnett County Environmental Health for appointment prior to beginning of well abandonment

Well must be abandoned by a Certified North Carolina well driller/contractor.

Property Owner's or Owners Legal Representative Signature Required





WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources-Division of Water Quality

WELL CONTRACTOR CERTIFICATION #_

Well Contractor Company Name Well Contractor Company Name	5. WELL DETAILS: a. Total Depth:ft. Diameter:tin. b. Water Level (Below Measuring Point): ft. Measuring point is ft. above land surface.
STREET ADDRESS 3107 ASKE AVE DOUB	6. CASING: Length Diameter
City or Town State Zip Code	a. Casing Depth (if known): 25 ft. 24" in. b. Casing Removed: 1 ft. 24" in.
Area code - Phone number	7. DISINFECTION: YES
2. WELL INFORMATION:	(Amount of 65%-75% calcium hypochlorite used)
SITE WELL ID # (if applicable) 3167 Asto Ave	8. SEALING MATERIAL:
STATE WELL PERMIT # (if applicable)	Neat Cement Sand Cement
COUNTY WELL PERMIT # (if applicable)	Cement lb. Cement lb. Water gal. Water gal.
DWQ or OTHER PERMIT # (if applicable)	Bentonite
WELL USE (Check applicable use): Monitoring Residential	Bentonite lb.
☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural	Type: ☐ Slurry ☐ Pellets
☐ Recovery ☐ Injection ☐ Irrigation	Watergal.
Other (list use)	Other Type material Dry Cray
3. WELL LOCATION: COUNTY HAVET QUADRANGLE NAME NEAREST TOWN: (Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)	9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL: Proped out and pounce to.
TOPOGRAPHIC / LAND SETTING:	
Slope Valley Flat Ridge Other	
(Check appropriate setting)	10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this
LATITUDE May be in degrees, minutes, seconds, or in a	form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and
LONGITUDE decimal format	types of fill materials used.
Latitude/longitude source: GPS Topographic map (Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)	11. DATE WELL ABANDONED //-/Z - /O
4a. FACILITY- The name of the business where the well is located. Complete 4a and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.)	I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.
FACILITY ID #(if applicable)	
NAME OF FACILITY	SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
STREET ADDRESS	SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
City or Town State Zip Code	SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
4b. CONTACT PERSON/WELL OWNER:	(The private well owner must be an individual who <u>personally</u> abandons his/her residential well in accordance with 15A NCAC 2C .0113.)
NAME Charles I Lee	
STREET ADDRESS 3107 MALE AVE	PRINTED NAME OF PERSON ABANDONING THE WELL
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